

D.I. # _____

**CIVIL ACTION
NUMBER:** _____

06 CV 531 KAS

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7005 1620 0004 3169 6794

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 4.05
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.30
Sent To	WARDEN TOM CARROLL
Street, Apt. No., or PO Box No.	DELAWARE CORRECTIONAL CENTER
City, State, ZIP+4	1181 PADDOCK RD. SMYRNA, DE 19977

PS Form 3800, June 2002 See Reverse for Instructions